

# Idaho Substance Abuse Treatment and Recovery Support Services

Direct any and all questions, or concerns to: \_\_\_\_\_

## Informed and Voluntary Consent for Treatment

The purpose of my participation, as a client, in the Idaho publicly funded substance abuse treatment program is to acquire knowledge skills and attitudes supportive of a sober and more satisfying lifestyle.

In addition to the potential positive outcomes likely to occur as a result of my participation, the following reasonably foreseen risks may occur, as they would in any other alcohol and drug treatment program: breach of confidentiality; negative reactions of group members; emotional stress from requirements of group interaction, self-disclosure; stress to relationships resulting from open discussion of issues, past traumas; and, stress to relationships resulting from participant behavioral changes, positive or negative, need to attend recovery support meetings, spend time in group and doing assignments.

Providers will take steps to minimize or protect participants against potential risks by adhering to standards of confidentiality found both in Federal and State Code, and by informing and verifying client understanding of group rules. And, by intervening in and guiding appropriate disclosure, confrontation and resolution in group and in family conflict. Providers will assist client in accessing sober support services and self help groups where acceptance and stress reducing support is available.

I, \_\_\_\_\_ (Print Program Participant's Name), have been informed of reasonably foreseen risks associated with participation in Idaho's publicly funded substance abuse treatment system and I have been provided the opportunity to discuss any concerns that I have. With this information in mind, **I voluntarily give** my consent to receive treatment.

This consent for participation may be revoked at any time either orally or in writing, except to the extent that action has already been taken in reliance on the consent. Unless revoked as stated above, this consent expires automatically on: \_\_\_\_\_.

Client Name (printed)		Witness Name (printed)	
Client Signature	Date	Witness Signature	Date
Parent/Guardian (printed)		Parent/Guardian Signature	Date